

Atified Mail Provides: A mailing receipt

PS Form 3800, June 2002 (Reverse)

A unique identifier for your mailpiece

■ A record of delivery kept by the Postal Service for two years

- Important Reminders:

 © Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®
- Certified Mail is not available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider insured or Registered Mail.
- For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailplece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailplece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mall receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receift and present it when making an inquiry. Internet access to delivery information is not available on mail addressed to APOs and FPOs.



PHONE: (740) 926-9152 FAX: (740) 926-9138

Ms. Abbot Stevenson Ohio EPA 2195 Front Street Logan, OH 43138 July 6, 2006

Abbot;

I am writing a brief note to inform you of changes in our permit number 0IL00091. Effective June 14, 2006, outfall 601 was switched to outfall 017. Please let me know if you need any further information from me. The telephone number that you can reach me at is 740-926-9152, ext. 608.

Sincerely yours.

Melanie Murray

Permit Coordinator

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: MS. Abbot Stevenson Ohio EPA 2195 Front Street	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Logan, OH 43138	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7003 2261 (Transfer from service label)	
PS Form 3811, August 2001 Domestic Reti	urn Receipt 102595-02-M-1540

